INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

Atty. Docket No.	Serial No.	OLD	
4145-12	10/086,082	OILE	
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*EXAMINER				21.4	00 011001 400	FILING	DATE
INITIAL	DOCUMENT NUMBER	DATE	NAME	CLA	SS SUBCLASS	IF APPR	OPRIATE
	5773221	6/30/1998	Carlson			 	
	5811238	9/22/1998	Stemmer			 	
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	DOCUMENT	DATE	COUNTRY	CLA	SS SUBCLASS	YES	NO
-	97/20078	6/1997	WO				
	97/35966	10/1997	WO			1	
	98/01581	1/1998	WO			Ī	
	98/41622	9/1998	WO				
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	OTHER DOC	UMENTS (includin	ng Author, Title, Date,	Pertinent page	s, etc.)		
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*Examiner		Date Considered	<u> </u>	

Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to application.